PTO/SB/17 (07-06)

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Order the Paperwork i	REGULION ACT OF 1895	, no person are rec	uneu iu	respond to a conection				CUMBUI NUMBER		
Fees pursuant to the Consolidated Appropriations Act. 2005 (H R. 4818) FEE TRANSMITTAL For FY 2006				Complete if Known           Application Number         10/089,694-Conf. #005505				505		
						April 3, 2002				
						Akihiko SANO				
						S. T. Tran				
Applicant claims small entity status See 37 CFR 1 27						1615				
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Altomey Docket	No. C	0020-4976P				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
x Charge any additional fee(s) or underpayments of x Credit any overpayments										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		G FEES		ARCH FEES	EXAMIN	ATION FEES				
		Small Entity	- 4	Small Entity	PP 4401	Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (S		Fee (\$)	Fee (\$)	Fees	Paid (\$)		
Utility	300	150	500	250	200	100		***************************************		
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80	***************************************			
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES         Small Entity           Fee (S)         Fee (S)										
<u>Fee Description</u> Each claim over 20 (including Reissues)								<u>Fee (\$)</u> 25		
Each independent claim over 3 (including Reissues)							50 200	100		
Multiple dependent claims							360	180		
				n_i_ (#)	84.	ultimia Damamda				
			Paid (\$)		iltiple Depende		•			
-= x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20										
Indep. Claims E	xtra Claims F	ee (\$)	Fee I	Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3										
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s)										
Total Sheets	Extra Sheets			ddilional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)		
-100 = /50 (round up to a whole number) x										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00										
Other (e.g., late filin	ng surcharge): 12	251 Extension	for re	sponse within fir	st month		13	20.00		
SUBMITTED BY										
Signature 64	~2,N~	Q)		Registration No (Atlorney/Agent)	36,623	Telephone	(703) 205-8043			
Name (Print/Type) Mark	J.Kiuell					Cate	Date March 19, 2007			